L14000117365

(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nai	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

ΓO: Re Di	egistration Se vision of Cor	ection porations	•	•
		anagement LLC	,	
UBJECT:			nited Liability Company	
			,,	
he enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease retur	n all correspo	ndence concerning this matter	to the following:	
		Sonja Suzette Smith		
			Name of Person	
		Sea Star Mgmt LLC AKA	Destin Sea Star Management Requ	tiem LLC
			Firm/Company	
		11 Driftwood Rd. Unit 5		
			Address	
		Miramar Beach, FL 32550		
			City/State and Zip Code	
		suzetteNdestin@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
or further i	information c	oncerning this matter, please ca	ali:	
Suzette Sm	ith		850 803 8439	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

pany as it now appears on our reco Liability Company)	ords.)
y were filed on2014	and assigned
	1
bility company here:	The state of the s
ment number L14000117365 ment is submitted to amend the following: ling name, enter the new name of the limited liability company here: ar Management Requiem LLC must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" principal offices address, if applicable: fice address MUST BE A STREET ADDRESS) mailing address, if applicable: tress MAY BE A POST OFFICE BOX) Adding the registered agent and/or registered office address on our records, enter the name of the new registered office address here: me of New Registered Agent: w Registered Office Address: Enter Florida street address Florida	
bility Company," the designation "L	LC" or the abbreviation "L.L.C."
**************************************	· 6
	<u> </u>
office address on our reco	37530
ere:	
J	
Enter Florida street add	ress
•	Zip Code
<u>t:</u>	
	bility company here: Dility Company," the designation "L POROK Tramay office address on our reconcre:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	MBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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			□ Remove		
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ffective date, if other than t an effective date is listed, the date n Note: If the date inserted in this	nust be specific an	d cannot be prior	to date of filing or	more than 90 days a	ptional) after filing.) Purs this date will	suant to 6	605.0207 sted as
ocument's effective date on the	Department of	State's records.	·	J ,			
e record specifies a delay The 90th day after the r			an effective	time, at 12:0	1 a.m. on t	he ear	lier of
ated $3/2$, 201	7				
	Wilt 1	1tt	mill				
	Signature of a	nember ur autho	rized representativ	e of a member			

Page 3 of 3

Filing Fee: \$25.00